

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538546

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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23						
24						
25						
26						
27						
28						
29	1					
30	1					
31	1					
32	1					
33		4				
34	1	4				
35		1				
36		1				
37	1					
38		4				
39	1	4				
40		1				
41		1				
42	1					
43	1					
44		1				
45		1				
46	1					
47	1					
48		1				
49		1				
50	1	1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53		1				
54		3				
55	1					
56	1					
57	1					
58	1					
59	1	1				
60	1	1				
61	1	6				
62	1	1				
63	1	1				
64	1					
65	1	1				
66	1	2				
67						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	13					
TOTAL DEP.	39					
TOTAL CLAIMS	52					